

Testimony of Congressman Dave Weldon  
before the Subcommittee on Criminal Justice, Drug Policy and  
Human Resources  
Hearing on Cervical Cancer and Human Papillomavirus (HPV)  
March 11, 2004

Thank you Chairman Souder and Ranking Member Cummings for addressing this important public health issue.

Sexually Transmitted Diseases are one of the most important health issues facing our nation because our nation is facing an epidemic of STDs. According to the CDC, 3 million new cases of Chlamydia, 1 million new cases of herpes, 5 million cases of trichomoniasis, and 5.5 million new cases of HPV occur each year.

Unfortunately, women and adolescents seem to bear a disproportionate share of the STD epidemic. Just recently, the Alan Guttmacher Institute's *Perspectives on Sexual and Reproductive Health* published data demonstrating that almost half of all STD infections were among 15-24 year olds and HPV, trichomoniasis and Chlamydia accounted for 88% of all new cases.

What is worse is that our agencies entrusted to protect public health have been slow to act effectively to prevent further spread of these costly and harmful infections. After over a decade of increases in HPV incidence, the Centers for Disease Control and Prevention only just recently determined an effective prevention policy for HPV.

The CDC's recent report states: "Because genital HPV infection is most common in men and women who have had multiple sex partners, abstaining from sexual activity (i.e. refraining from any genital contact with another individual) is the surest way to prevent infection."

While the CDC is to be commended for promoting abstinence as a sure means to avoid HPV infection, it has taken a long time for this common sense and science based conclusion to be reached. Other agencies have been quick to spend some \$6 billion on research to advance methods of identifying and treating cervical cancer but little on true primary prevention and risk avoidance.

I believe that this inattention to abstinence as a positive public health approach is only a symptom of a larger, more troubling phenomenon. A phenomenon that places science behind politics and social agendas.

That phenomenon I am describing promotes the notion that technology can effectively mitigate our problems and that individual behavior is fixed – particularly with respect to sexual activity.

Doctors are great friends of technology because it allows us to help millions who are sick and need treatment. Technology is good medicine because it aids in diagnosis and treatment and it can help reduce risks and costs.

None the less technology is still no match for that simple ounce of prevention.

Eating properly can stave off obesity and all its consequences like diabetes and heart disease. Not smoking can prevent emphysema and lung cancer, and avoiding excessive alcohol can prevent liver disease. An equally important message today is avoiding premarital sex can prevent not only unplanned pregnancies but a host of incurable diseases some of which can lead to cancer and death.

We have known for years that STDs, including HIV/AIDS and HPV, are closely associated with promiscuous sexual behavior. But most of our public health approaches have sought to

employ intervention modalities to reduce the rate of infection instead of true prevention strategies. Instead of seeing reductions in HIV/AIDS, Chlamydia, and HPV, we have seen significant increases year after year.

In fact, after hundreds of millions of dollars to eliminate syphilis, an easily preventable and treatable infection, we are now seeing syphilis incidents on the rise, particularly in many of the communities where specific "prevention" efforts were implemented. This is because these have not been true prevention, they have in reality been "risk reduction" programs. Unfortunately, for millions of young people they have resulted in neither prevention, nor risk reduction as the STD rates of those who followed these recommendations have sky-rocketed.

Certainly as a physician who practiced full time for 15 years before coming to congress and who still sees patients, I have seen on a personal level the consequences of what we are talking about today. The heart ache of infertility caused by chlamydia scarring of the fallopian tubes, chronic recurring cycles of pain from herpes, and even disability and death from things like metastatic cervical cancer due to HPV and as well HIV and AIDS.

Yes, the sexual revolution of the 60's and the 70's and the continuing efforts by some to normalize teen sex is hurting our young people, permanently scarring them, and yes, even killing some of them..

As a policy maker and a physician, my objective is to see fewer STD infections. Currently, the predominant method to achieve this objective is clinical. The clinical approach seeks to screen and counsel as many people as possible and provide them with a condom in the hopes of reducing STD infections.

(Can you add here the results from the Birmingham condom study).

As a physician I can only see one patient at a time. A much better public health approach – particularly for behavioral risks - is to reduce the need for patients enter my office in the first place.

That is why education is so important. My former colleague Tom Coburn introduced legislation that became law mandating that CDC and FDA educate the public about the risk of contracting Chlamydia ( or HPV?) through sexual contact.

I have seen little evidence to indicate the CDC and FDA are in compliance with this important law.

Even in the area of public education, federal programs are for the most part doing little to prevent people coming into my office.

That is because many groups are relying on the condom, and the data on condom efficacy is quite clear. In the age group of primary concern (the xx to 24 year olds) the condom has limited efficacy, and for some of these diseases, the effectiveness of the condom in preventing disease transmission has never been established. Indeed the pathophysiology of some of these STDs indicates that a condom is not likely to be effective in preventing transmission.

They have preemptively given up by assuming that there is no way to change sexual behavior, particularly among young people. Instead, the objective of many NGOs that partner with the CDC is to reduce not eliminate incidents of unintended pregnancy, HIV/AIDS, and STDs.

I remain astounded by the notion within the public health community and employed by NGOs, like Advocates for Youth and the American College of Obstetrics and Gynecology, that

the normalization of adolescent sexual activity is a positive public health objective.

The evidence is clear that teenage sexual behavior is inherently harmful these children . If our goal is to prevent adolescents from contactinct STDs, the we should work to educate them fully about the risks associated with sexual activity and seek to eliminate adolescent sexual behavior. This is the only way to achieve the public health objectives we are seeking.

The conflict over risk elimination versus risk reduction has come to a head with the epidemic of human papalommavirus and its significant contribution to the increase of cervical cancer.

The scientific evidence is clear that condoms provide little protection from infection by HPV. Yet agencies and organizations are fighting to keep that fact from the public, particularly the young people who are most at risk. This is in the face of nearly 5,000 women who die from cervical cancer each year.

Education is vital to preserve the health of women and adolescents. And I believe federal prevention and education programs should start emphasizing risk avoidance, not simply risk reduction.

It will be hard because of the political and social agendas that have invested so much in risk reduction. But as we look at the entirety of sexual behavior and the impact on the heatlh of adolescent and women, it seems clear that the policies of the past have failed to achieve fewer infections despite years of effort and billions of federal dollars in support of the risk reduction approach.

Mr. Chairman, my hope is that this hearing and the diligent oversight of the subcommittee will continue to fight for the health of women and adolescents. Lives are at stake.

Thank you very much and I would be glad to answer any questions you might have.